STATE OF TEXAS
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF STATE HEALTH SERVICES
VITAL STATISTICS

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS
Aug 31 2021

STATE OF TEXAS — **CERTIFICATE OF DEATH** — **STATE FILE NUMBER** 142-21-167272

1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last) (Before Marriage): DENNIS GENE REBER
2. DATE OF DEATH - ACTUAL OR PRESUMED (mm-dd-yyyy): AUGUST 28, 2021
3. SEX: MALE
4. DATE OF BIRTH (mm-dd-yyyy): [redacted]
5. AGE-Last Birthday (Years): 63
If Under 1 Yr Mo / Days; If Under 1 Day Hours / Min
6. BIRTHPLACE (City & State or Foreign Country): ROCKFORD, IL
7. SOCIAL SECURITY NUMBER: [redacted]
8. MARITAL STATUS AT TIME OF DEATH: [X] Married [ ] Widowed (but not remarried) [ ] Divorced (but not remarried) [ ] Never Married [ ] Unknown
9. SURVIVING SPOUSE'S NAME (If spouse, give name prior to first marriage): SUZANNE WASZAK
10a. RESIDENCE STREET ADDRESS: 3333 LAKE ST
10b. APT. NO.: 19D
10c. CITY OR TOWN: HOUSTON
10d. COUNTY: HARRIS
10e. STATE: TEXAS
10f. ZIP CODE: 77098
10g. INSIDE CITY LIMITS? [X] Yes [ ] No
11. FATHER/PARENT 2 NAME PRIOR TO FIRST MARRIAGE: GENE REBER
12. MOTHER/PARENT 1 NAME PRIOR TO FIRST MARRIAGE: CONNIE KING
13. PLACE OF DEATH (CHECK ONLY ONE)
IF DEATH OCCURRED IN A HOSPITAL: [ ] Inpatient [ ] ER/Outpatient [ ] DOA
IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: [ ] Hospice Facility [ ] Nursing Home [X] Decedent's Home [ ] Other (Specify)
14. COUNTY OF DEATH: HARRIS
15. CITY/TOWN, ZIP (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO): HOUSTON, 77098
16. FACILITY NAME (If not institution, give street address): 3333 LAKE ST NO. 19D
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED: SUZANNE REBER - SPOUSE
18. MAILING ADDRESS OF INFORMANT (Street and Number,City,State,Zip Code): 3333 LAKE ST # 19D, HOUSTON, TX 77098
19. METHOD OF DISPOSITION: [ ] Burial [X] Cremation [ ] Donation [ ] Entombment [ ] Removal from state [ ] Mausoleum [ ] Other (Specify)
20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: FRANK W. SEDDIO SR.,BY ELECTRONIC SIGNATURE - 8302
21. [X] Unknown — Section / Block / Lot / Space
22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): SOUTHEAST TEXAS CREMATORY
23. LOCATION (City/Town, and State): HOUSTON, TX
24. NAME OF FUNERAL FACILITY: ACREMATION
25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code): 12101 GREENVILLE AVENUE SUITE 118A, DALLAS, TX 75243
26. CERTIFIER (Check only one)
[X] Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated.
[ ] Medical Examiner/Justice of the Peace - On the basis of examination, and/or investigation, in my opinion, death occurred at the time,date and place, and due to the cause(s) and manner stated.
27. SIGNATURE OF CERTIFIER: ELIZABETH STRAUCH , BY ELECTRONIC SIGNATURE
28. DATE CERTIFIED (mm-dd-yyyy): AUGUST 30, 2021
29. LICENSE NUMBER: H5807
30. TIME OF DEATH(Actual or presumed): 08:58 PM
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City,State,Zip Code): ELIZABETH STRAUCH 1905 HOLCOMBE, HOUSTON, TX 77030
32. TITLE OF CERTIFIER: MD

CAUSE OF DEATH

33. PART 1. ENTER THE CHAIN OF EVENTS - DISEASES, INJURIES, OR COMPLICATIONS - THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE ON EACH. (Approximate Interval Onset to death)

IMMEDIATE CAUSE (Final disease or condition ⟶ resulting in death)
a. CARCINOMA OF APPENDIX METASTATIC TO PERITONEUM — 2015
Due to (or as a consequence of):
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated, the events resulting in death) LAST
b.
Due to (or as a consequence of):
c.
Due to (or as a consequence of):
d.

PART 2. ENTER OTHER CAUSE GIVEN IN PART I. SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING

34. WAS AN AUTOPSY PERFORMED? [ ] Yes [X] No
35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? [ ] Yes [ ] No
36. MANNER OF DEATH: [X] Natural [ ] Accident [ ] Suicide [ ] Homicide [ ] Pending Investigation [ ] Could not be determined
37. DID TOBACCO USE CONTRIBUTE TO DEATH? [ ] Yes [X] No [ ] Previously [ ] Probably [ ] Unknown
38. IF FEMALE: [ ] Not pregnant within past year [ ] Pregnant at time of death [ ] Not pregnant, but pregnant within 42 days of death [ ] Not pregnant, but pregnant 43 days to one year before death [ ] Unknown if pregnant within the past year
39. IF TRANSPORTATION INJURY, SPECIFY: [ ] Driver/Operator [ ] Passenger [ ] Pedestrian [ ] Other (Specify)
40a. DATE OF INJURY(mm-dd-yyyy)
40b.TIME OF INJURY
40c. INJURY AT WORK? [ ] Yes [ ] No
40d. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)
40e. LOCATION (Street and Number, City,State,Zip Code)
40f. COUNTY OF INJURY
41. DESCRIBE HOW INJURY OCCURRED

42a. REGISTRAR FILE NO.: 02019675
42b. DATE RECEIVED BY LOCAL REGISTRAR: SEPTEMBER 1, 2021
42c. REGISTRAR

EDR NUMBER 000044445114407

WARNING: The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine up to $10,000. (Health and Safety Code, Sec. 195.1999)

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS UNIT

VS-112 REV 1/2006

QA20196617

PLAINTIFF EXHIBIT 1

JON

This is a true and correct copy of the record as registered in the State of Texas. Issued under the authority of Section 191.051, Health and Safety Code.

ISSUED Sep 08 2021

TARA DAS
STATE REGISTRAR

WARNING: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE